

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 08/13/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/14/2007						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	79	551	THIS SERVICE IS NOT PAYABLE TO				
	H/DD/SAS			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		21	268	DUPLICATE OF CLAIM-SYSTEM	60	1251	1630	379
		8505	194	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404904	WESTERN HIGHLAN	3411	1042	PROVIDER TYPE AND SPECIALTY 07				
	DS LME			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		21	260	DUPLICATE OF CLAIM-SYSTEM	0	1509	7491	5982
		8800	36	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404910	PATHWAYS	11	115	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		5308	42	PRIOR AUTHORIZED UNITS EXCEDE	1	257	4560	4242
				D				
		21	24	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM	120	4	CLIENT ID NUMBER MISSING OR IN				
	ENTAL HEALT			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8000	2	NO RATE AVAILABLE ON FILE TO P	0	6	268	262
				RICE THIS CLAIM DETAIL				
3404913	MECKLENBURG COM	8505	3192	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8535	2195	SERVICE FACILITY LOCATION WAS	0	6420	6469	49
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8800	920	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404916	CROSSROADS BEHA	8535	2	SERVICE FACILITY LOCATION WAS				
	VIORAL HEAL			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8800	1	FURTHER PROCESSING NECESSARY,	0	3	5	2
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404917	CENTERPOINT HUM	8599	168	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	39	CLIENT ID NUMBER NOT ON STATE	0	291	5272	4981
				ELIGIBILITY FILE				
		8537	28	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MENTAL HEALTHC	8505	545	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	131	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	949	1741	792
		191	91	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404920	ALAMANCE CASWELL AREA MH D	5404	5	SEVERE DUPLICATE: SAME ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING				
		79	5	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	16	472	456
		8599	4	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON CENTER HATHAM AREA	8536	36	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING				
		191	22	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	0	113	1660	1547
		143	21	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404922	THE DURHAM CENTER	8534	1	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE FACILITY				
		0	0		0	1	6	5
3404923	FIVE COUNTY MH	8505	1326	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	71	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1522	2449	927
		11	62	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTER FOR MH/DD	8505	9007	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	243	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	9540	10208	668
		23	86	SERVICE REQUIRES PRIOR APPROVAL				
3404926	SOUTHEASTERN REGIONAL MENTAL HEALTHC	21	438	DUPLICATE OF CLAIM-SYSTEM				
		8800	110	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	11	1099	4461	3362
		8536	101	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING				
3404927	CUMBERLAND CO MENTAL HEALTHC	8622	57	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		21	47	DUPLICATE OF CLAIM-SYSTEM	3	211	520	309
		8599	40	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	66	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	192	3591	3399
		120	18	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404931	WAKE CO HUM SVC BILLING OF	8621	52	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		21	50	DUPLICATE OF CLAIM-SYSTEM	11	221	838	617
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	3411	1481	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		3412	533	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	2366	3668	1302
		8537	108	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404934	ONSLow CARTERET BEHAV HEAL	11	180	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	158	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	389	785	396
		8536	17	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	9	DUPLICATE OF CLAIM-SYSTEM				
		191	8	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	26	1588	1562
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	EAST CAROLINA B EHAVIORAL H	8534	776	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	424	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1631	5245	3614
		7001	104	EXCEEDS THE ONE PER DAY LIMITA TION				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	3411	21	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	68	759	691
		5404	10	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMA N SERVICES	8536	67	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8533	29	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	2	134	2208	2074
		8505	29	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	14	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	68	2658	2590
		143	4	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				